

B1 (Official Form 1)(12/11)

**United States Bankruptcy Court  
Western District of North Carolina**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Wiggins, Dewey Justin</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-9192</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>1000 Bramblewood Ct. Lenoir, NC</b> <div style="text-align: right;">ZIP Code <b>28645</b></div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Caldwell</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):	

<b>Type of Debtor</b> (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY										
<b>Estimated Number of Creditors</b> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input checked="" type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> OVER 100,000</td> </tr> </table>	<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000	
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<b>Estimated Assets</b> <table style="width:100%;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
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<b>Estimated Liabilities</b> <table style="width:100%;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input checked="" type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
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**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Wiggins, Dewey Justin****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

**- None -**

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ J. Samuel Gorham, III****July 10, 2012**

Signature of Attorney for Debtor(s)

(Date)

**J. Samuel Gorham, III 1692****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐
- Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

## Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Wiggins, Dewey Justin**

### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Dewey Justin Wiggins**

Signature of Debtor **Dewey Justin Wiggins**

**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**July 10, 2012**

Date

#### Signature of Attorney\*

**X /s/ J. Samuel Gorham, III**

Signature of Attorney for Debtor(s)

**J. Samuel Gorham, III 1692**

Printed Name of Attorney for Debtor(s)

**Gorham, Crone, Green & Steele, LLP**

Firm Name

**27 First Avenue NE, Suite 203**

**Post Office Box 2507**

**Hickory, NC 28603**

Address

Email: **doreenm@gorhamcrone.com**

**(828) 322-5505 Fax: (828) 328-1882**

Telephone Number

**July 10, 2012**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court  
Western District of North Carolina**

In re Dewey Justin Wiggins

Debtor(s)

Case No.  
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Dewey Justin Wiggins  
Dewey Justin Wiggins

Date: July 10, 2012

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court  
Western District of North Carolina**

In re **Dewey Justin Wiggins**  
Debtor

Case No. \_\_\_\_\_

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>2</b>	<b>195,506.00</b>		
B - Personal Property	<b>Yes</b>	<b>5</b>	<b>7,400.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>2</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>8</b>		<b>551,513.16</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>7</b>		<b>9,754.85</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>13</b>		<b>198,008.14</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>2</b>			
H - Codebtors	<b>Yes</b>	<b>2</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>0.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>5,805.49</b>
Total Number of Sheets of ALL Schedules		<b>44</b>			
Total Assets			<b>202,906.00</b>		
Total Liabilities				<b>759,276.15</b>	

**United States Bankruptcy Court**  
**Western District of North Carolina**

In re **Dewey Justin Wiggins**  
Debtor

Case No. \_\_\_\_\_

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6A (Official Form 6A) (12/07)

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Residence and lot. (PIN: 2850641844) (1.0221623 acres) (tax value is \$248,200) Estimated value, due to market conditions, is \$199,000. Location: 1000 Bramblewood Ct, Lenoir NC 28645.	Tenancy by the entirety with non-filing spouse	-	1.00	178,100.79
Rental house. (PIN: 2749363171) (0.11301164 acres) (tax value is \$28,900). Estimated value, due to market conditions, is \$16,000. Location: 1616 Hayes Pl, Lenoir, NC 28645.	Fee simple	-	16,000.00	14,688.00
Four unit apartment building. (PIN: 2758538708) (0.47203947 acres) (tax value is \$104,800) Estimated value, due to market conditions, is \$80,000. Location: 2120 Haven Cir, Lenoir, NC 28645.	Tenancy by the entirety with non-filing spouse	-	1.00	Unknown
Rental house. PIN: 2749094188) (1.53113256 acres) (tax value is \$73,700) Estimated value, due to market conditions, is \$25,000. Location: 346 North Fairview Dr, Lenoir, NC 28645	Tenancy by the entirety with non-filing spouse	-	1.00	34,298.00
Rental house. (PIN: 2749783707) (0.27008019 acres) (tax value is \$47,200). Location: 512 Scroggs St, Lenoir, NC 28645. Also, lot (landlocked) without road frontage behind rental house. (PIN: 2749783923) (.38921276 acres) (tax value is \$8,200). Location: O Scroggs St, Lenoir, NC 28645. Both on same deed, but different legal descriptions. Estimated value of both parcels, due to market conditions, is \$25,000.	Tenancy by the entirety with non-filing spouse	-	1.00	18,400.00

Sub-Total > **16,004.00** (Total of this page)

1 continuation sheets attached to the Schedule of Real Property



B6A (Official Form 6A) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE A - REAL PROPERTY**  
(Continuation Sheet)

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Rental house. (PIN: 2749668671) (0.1973802 acres) (tax value is \$97,900) Location: 1114 Harper Ave, Lenoir, NC 28645. Also adjacent lot (PIN: 2749668509) (0.27661355 acres) (tax value is 32,400.00) Location: 1118 Harper Ave, Lenoir, NC 28645. Estimated value for both, considering current market conditions, is \$65,000. Property has a sink hole that City of Lenoir will not correct.	Tenancy by the entirety with non-filing spouse	-	1.00	51,000.00
Rental house. (PIN: 2759180174) (0.25469668 acres) (tax value is \$97,700) Estimated value, considering market conditions, is \$75,000. Location: 204 Newland St, Lenoir, NC 28645.	Fee simple	-	75,000.00	78,754.73
Rental house. (PIN: 2759079996) (0.26789763 acres) (tax value is \$61,100) Estimated value, considering market conditions, is \$40,000. Location: 201 Newland St, Lenoir, NC 28645.	Fee simple	-	40,000.00	61,871.64
Rental house. (PIN: 2749654027) (0.38083234 acres) (tax value is \$40,700) Estimated value, considering market conditions, is \$10,000. Location: 1241 Spainhour St, Lenoir, NC 28645.	Tenancy by the entirety with non-filing spouse	-	1.00	3,400.00
Rental house. (PIN: 2749984761) (0.22798726 acres) (tax value is \$77,700) Estimated value, considering market conditions, is \$55,000. Location: 214 Hillside St, Lenoir, NC 28645	Joint tenancy with Stephen D. Icenhour	-	27,500.00	50,600.00
Rental doublewide trailer and lot. (PIN: 2736595915) (0.36683066 acres) (tax value is \$65,000) Estimated value, due to market conditions, is \$30,000. Location: 2630 Kite Dr, Lenoir, NC 28645.	Joint tenancy with Stephen Icenhour	-	15,000.00	37,000.00
Rental house. (PIN: 2759180118) (0.25912876 acres) (tax value is \$66,100) Estimated value, due to market conditions, is \$22,000. Location: 206 Newland St, Lenoir, NC 28645.	Fee simple	-	22,000.00	20,000.00

Sub-Total > **179,502.00** (Total of this page)

Total > **195,506.00**

(Report also on Summary of Schedules)

Sheet 1 of 1 continuation sheets attached to the Schedule of Real Property

B6D (Official Form 6D) (12/07)

In re **Dewey Justin Wiggins**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>Deed of Trust</b> <b>Rental house. (PIN: 2749363171)</b> <b>(0.11301164 acres) (tax value is \$28,900).</b> <b>Estimated value, due to market</b> <b>conditions, is \$16,000.</b> <b>Location: 1616 Hayes Pl, Lenoir, NC</b> <b>28645.</b>					
<b>Bank of Granite</b> <b>P.O. Box 799</b> <b>Lenoir, NC 28645</b>		-	Value \$ <b>16,000.00</b>				<b>14,688.00</b>	<b>0.00</b>
Account No.			<b>Deed of Trust</b> <b>Rental house. (PIN: 2749783707)</b> <b>(0.27008019 acres) (tax value is \$47,200).</b> <b>Location: 512 Scroggs St, Lenoir, NC</b> <b>28645.</b> <b>Also, lot (landlocked) without road</b> <b>frontage behind rental house. (PIN:</b> <b>2749783923) (.38921276 acres) (tax value</b>					
<b>BB&amp;T</b> <b>P.O. Box 1058</b> <b>Lenoir, NC 28645</b>		X -	Value \$ <b>1.00</b>				<b>18,400.00</b>	<b>18,399.00</b>
Account No.			<b>Representing:</b> <b>BB&amp;T</b>				<b>Notice Only</b>	
<b>BB&amp;T</b> <b>201 Mulberry St SW</b> <b>Lenoir, NC 28645</b>			Value \$					
Account No.			<b>Deed of Trust</b> <b>Rental house. (PIN: 2749668671)</b> <b>(0.1973802 acres) (tax value is \$97,900)</b> <b>Location: 1114 Harper Ave, Lenoir, NC</b> <b>28645. Also adjacent lot (PIN:</b> <b>2749668509) (0.27661355 acres) (tax</b> <b>value is 32,400.00) Location: 1118</b> <b>Harper Ave, Lenoir</b>					
<b>BB&amp;T</b> <b>P.O. Box 1058</b> <b>Lenoir, NC 28645</b>		X -	Value \$ <b>1.00</b>				<b>51,000.00</b>	<b>50,999.00</b>
Subtotal (Total of this page)							<b>84,088.00</b>	<b>69,398.00</b>

7 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
<b>Branch Banking &amp; Trust Company P.O. Box 2489 Lenoir, NC 28645</b>			<b>Representing: BB&amp;T</b>				<b>Notice Only</b>	
			Value \$					
Account No.								
<b>Branch Banking and Trust Company 201 Mulberry St SW Lenoir, NC 28645-5413</b>			<b>Representing: BB&amp;T</b>				<b>Notice Only</b>	
			Value \$					
Account No.								
<b>BB&amp;T P.O. Box 1058 Lenoir, NC 28645</b>		<b>X -</b>	<b>Lot (PIN: 2749668509) (0.27661355 acres) (tax value is \$32,400) Location: 1118 Harper Ave, Lenoir, NC 28645</b>					
			Value \$ <b>1.00</b>				<b>0.00</b>	<b>0.00</b>
Account No.								
<b>Branch Banking &amp; Trust Company P.O. Box 2489 Lenoir, NC 28645</b>			<b>Representing: BB&amp;T</b>				<b>Notice Only</b>	
			Value \$					
Account No.								
<b>Branch Banking and Trust Company 201 Mulberry St SW Lenoir, NC 28645-5413</b>			<b>Representing: BB&amp;T</b>				<b>Notice Only</b>	
			Value \$					
Subtotal (Total of this page)							<b>0.00</b>	<b>0.00</b>

Sheet 1 of 7 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.								
<b>BB&amp;T</b> <b>201 Mulberry St SW</b> <b>Lenoir, NC 28645</b>		<b>X -</b>	<b>Deed of Trust</b> <b>Rental doublewide trailer and lot. (PIN:</b> <b>2736595915) (0.36683066 acres) (tax</b> <b>value is \$65,000) Estimated value, due</b> <b>to market conditions, is \$30,000.</b> <b>Location: 2630 Kite Dr, Lenoir, NC</b> <b>28645.</b>					
			Value \$ <b>30,000.00</b>				<b>37,000.00</b>	<b>7,000.00</b>
Account No.								
<b>BB&amp;T</b> <b>P.O. Box 1058</b> <b>Lenoir, NC 28645</b>			<b>Representing:</b> <b>BB&amp;T</b>				<b>Notice Only</b>	
			Value \$					
Account No.								
<b>Branch Banking &amp; Trust Company</b> <b>P.O. Box 2489</b> <b>Lenoir, NC 28645</b>			<b>Representing:</b> <b>BB&amp;T</b>				<b>Notice Only</b>	
			Value \$					
Account No. <b>xxxxxxxxxx-1001</b>			<b>Purchase Money Security</b>					
<b>BB&amp;T</b> <b>BB&amp;T Loan Services</b> <b>MC: 100-50-02-57</b> <b>P.O. Box 2306</b> <b>Wilson, NC 27894</b>		<b>-</b>	<b>2004 Lincoln Navigator Sport Utility 4D</b> <b>(102,000 miles) (Kelley Blue Book</b> <b>Private Party value in fair condition</b> <b>shown is \$9,400). Estimated cost to</b> <b>repair rear-end damage is \$2,000.</b>					
			Value \$ <b>7,400.00</b>				<b>3,400.00</b>	<b>0.00</b>
Account No. <b>xxxxxxx4980....</b>								
<b>BB&amp;T</b> <b>P.O. Box 1847</b> <b>Wilson, NC 27894</b>			<b>Representing:</b> <b>BB&amp;T</b>				<b>Notice Only</b>	
			Value \$					
Subtotal							<b>40,400.00</b>	<b>7,000.00</b>
(Total of this page)								

Sheet **2** of **7** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. <b>xxxxxxxxxx-1001</b>							<b>Notice Only</b>	
<b>BB&amp;T Item Processing Center</b> <b>P.O. Box 580048</b> <b>Charlotte, NC 28258-0048</b>			<b>Representing:</b> <b>BB&amp;T</b>					
			Value \$					
Account No. <b>xxxxx8627....</b>							<b>61,871.64</b>	<b>21,871.64</b>
<b>Chase</b> <b>P.O. Box 78420</b> <b>Phoenix, AZ 85062</b>		-	<b>Deed of Trust</b> <b>Rental house. (PIN: 2759079996)</b> <b>(0.26789763 acres) (tax value is \$61,100)</b> <b>Estimated value, considering market</b> <b>conditions, is \$40,000.</b> <b>Location: 201 Newland St, Lenoir, NC</b> <b>28645.</b>					
			Value \$ <b>40,000.00</b>					
Account No. <b>xxxxx8627....</b>							<b>Notice Only</b>	
<b>Chase</b> <b>10790 Rancho Bernardo Rd</b> <b>San Diego, CA 92127</b>			<b>Representing:</b> <b>Chase</b>					
			Value \$					
Account No.							<b>3,400.00</b>	<b>3,399.00</b>
<b>Parkway Bank</b> <b>P.O. Box 1058</b> <b>Lenoir, NC 28645</b>		X -	<b>Deed of Trust</b> <b>Rental house. (PIN: 2749654027)</b> <b>(0.38083234 acres) (tax value is \$40,700)</b> <b>Estimated value, considering market</b> <b>conditions, is \$10,000.</b> <b>Location: 1241 Spainhour St, Lenoir, NC</b> <b>28645.</b>					
			Value \$ <b>1.00</b>					
Account No.							<b>50,600.00</b>	<b>23,100.00</b>
<b>Parkway Bank</b> <b>P.O. Box 1058</b> <b>Lenoir, NC 28645</b>		X -	<b>Deed of Trust</b> <b>Rental house. (PIN: 2749984761)</b> <b>(0.22798726 acres) (tax value is \$77,700)</b> <b>Estimated value, considering market</b> <b>condtions, is \$55,000.</b> <b>Location: 214 Hillside St, Lenoir, NC</b> <b>28645</b>					
			Value \$ <b>27,500.00</b>					
Subtotal							<b>115,871.64</b>	<b>48,370.64</b>
(Total of this page)								

Sheet **3** of **7** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.								
<b>Parkway Bank</b> <b>P.O. Box 1058</b> <b>Lenoir, NC 28645</b>		-	<b>Deed of Trust</b> <b>Rental house. (PIN: 2759180118)</b> <b>(0.25912876 acres) (tax value is \$66,100)</b> <b>Estimated value, due to market</b> <b>conditions, is \$22,000.</b> <b>Location: 206 Newland St, Lenoir, NC</b> <b>28645.</b>					
			Value \$ 22,000.00				20,000.00	0.00
Account No. xxxxxxxx3062....								
<b>PNC Bank</b> <b>2730 Liberty Ave</b> <b>Pittsburgh, PA 15222</b>		X -	<b>Deed of Trust</b> <b>Rental house. PIN: 2749094188)</b> <b>(1.53113256 acres) (tax value is \$73,700)</b> <b>Estimated value, due to market</b> <b>conditions, is \$25,000.</b> <b>Location: 346 North Fairview Dr, Lenoir,</b> <b>NC 28645</b>					
			Value \$ 1.00				34,298.00	34,297.00
Account No. xx0062....								
<b>RBC Bank</b> <b>134 N Church St</b> <b>Rocky Mount, NC 27804</b>			<b>Representing:</b> <b>PNC Bank</b>				Notice Only	
			Value \$					
Account No.								
<b>RBC Bank</b> <b>P.O. Box 911</b> <b>Rocky Mount, NC 27802</b>			<b>Representing:</b> <b>PNC Bank</b>				Notice Only	
			Value \$					
Account No.								
<b>Seterus</b> <b>1435 SW Millilcan Way</b> <b>Suite 200</b> <b>Beaverton, OR 97005</b>		-	<b>Deed of Trust</b> <b>Residence and lot. (PIN: 2850641844)</b> <b>(1.0221623 acres) (tax value is \$248,200)</b> <b>Estimated value, due to market</b> <b>conditions, is \$199,000.</b> <b>Location: 1000 Bramblewood Ct, Lenoir</b> <b>NC 28645.</b>					
			Value \$ 1.00				178,100.79	178,099.79
Subtotal							232,398.79	212,396.79
(Total of this page)								

Sheet 4 of 7 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
<b>Seterus</b> <b>P.O. Box 7162</b> <b>Pasadena, CA 91109</b>			<b>Representing:</b> <b>Seterus</b>				<b>Notice Only</b>	
			Value \$					
Account No.								
<b>Seterus</b> <b>P.O. Box 2008</b> <b>Grand Rapids, MI 49501</b>			<b>Representing:</b> <b>Seterus</b>				<b>Notice Only</b>	
			Value \$					
Account No.								
<b>SunTrust Mortgage, Inc.</b> <b>their succ/assigns ATIMA</b> <b>901 Semmes Avenue</b> <b>Richmond, VA 23224</b>			<b>Representing:</b> <b>Seterus</b>				<b>Notice Only</b>	
			Value \$					
Account No.								
<b>Suntrust Mortgage/CC 5</b> <b>1001 Semmes Ave</b> <b>Richmond, VA 23224</b>			<b>Representing:</b> <b>Seterus</b>				<b>Notice Only</b>	
			Value \$					
Account No.								
<b>Suzanne P. Hudson</b> <b>2425 North Center Street, #318</b> <b>Hickory, NC 28601</b>		-	<b>Deed of Trust</b> <b>Four unit apartment building. (PIN:</b> <b>2758538708) (0.47203947 acres) (tax</b> <b>value is \$104,800) Estimated value, due</b> <b>to market conditions, is \$80,000.</b> <b>Location: 2120 Haven Cir, Lenoir, NC</b> <b>28645.</b>					
			Value \$	<b>1.00</b>			<b>Unknown</b>	<b>Unknown</b>
Subtotal (Total of this page)							<b>0.00</b>	<b>0.00</b>

Sheet **5** of **7** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Dewey Justin Wiggins

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. <b>xx5391....</b>  <b>Wells Fargo</b> <b>P.O. Box 14547</b> <b>Des Moines, IA 50306</b>		-	<b>First Deed of Trust</b> <b>Rental house. (PIN: 2759180174)</b> <b>(0.25469668 acres) (tax value is \$97,700)</b> <b>Estimated value, considering market</b> <b>conditions, is \$75,000.</b> <b>Location: 204 Newland St, Lenoir, NC</b> <b>28645.</b>				<b>33,823.73</b>	<b>0.00</b>
Account No. <b>xx5391....</b>  <b>Wells Fargo HM Mortgage</b> <b>8480 Stagecoach Cir</b> <b>Frederick, MD 21701</b>			<b>Representing:</b> <b>Wells Fargo</b>				<b>Notice Only</b>	
Account No. <b>xxx xxxxxxxx 1998</b>  <b>Wells Fargo Bank, N.A.</b> <b>P.O. Box 4233</b> <b>Portland, OR 97208-4233</b>		X -	<b>Second Deed of Trust (Prime Equity</b> <b>Line)</b> <b>Rental house. (PIN: 2759180174)</b> <b>(0.25469668 acres) (tax value is \$97,700)</b> <b>Estimated value, considering market</b> <b>conditions, is \$75,000.</b> <b>Location: 204 Newland St, Lenoir, NC</b> <b>28645.</b>				<b>44,931.00</b>	<b>3,754.73</b>
Account No. <b>xxxxxxxxxx5390....</b>  <b>Wells Fargo Bank NV NA</b> <b>P.O. Box 31557</b> <b>Billings, MT 59107</b>			<b>Representing:</b> <b>Wells Fargo Bank, N.A.</b>				<b>Notice Only</b>	
Account No. <b>xxx xxxxxxxx 1998</b>  <b>Wells Fargo Bank, N.A.</b> <b>P.O. Box 660930</b> <b>Dallas, TX 75266-0930</b>			<b>Representing:</b> <b>Wells Fargo Bank, N.A.</b>				<b>Notice Only</b>	
Subtotal (Total of this page)							<b>78,754.73</b>	<b>3,754.73</b>

Sheet 6 of 7 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims



B6D (Official Form 6D) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. <b>xxx xxxxxxx 1998</b>								
<b>Wells Fargo Bank, N.A. Attn: Payment Services 2324 Overland Dr. Billings, MT 59102-6401</b>			<b>Representing: Wells Fargo Bank, N.A.</b>				<b>Notice Only</b>	
			Value \$					
Account No. <b>xxx xxxxxxx 1998</b>								
<b>Wells Fargo Bank, N.A. P.O. Box 3356 Portland, OR 97208-3356</b>			<b>Representing: Wells Fargo Bank, N.A.</b>				<b>Notice Only</b>	
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					

Sheet **7** of **7** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal  
(Total of this page)

**0.00**

**0.00**

Total  
(Report on Summary of Schedules)

**551,513.16**

**340,920.16**

B6E (Official Form 6E) (4/10)

In re **Dewey Justin Wiggins**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) - Cont.

In re Dewey Justin Wiggins  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. <b>xx3895</b>  <b>Caldwell County Tax Collector</b> <b>P.O. Box 2200</b> <b>Lenoir, NC 28645</b>		-	<b>2011 Taxes</b>				<b>211.23</b>	<b>0.00</b>  <b>211.23</b>
Account No. <b>xx7410</b>  <b>Caldwell County Tax Collector</b> <b>P.O. Box 2200</b> <b>Lenoir, NC 28645</b>		X -	<b>2010 and 2011 Taxes</b>				<b>1,443.07</b>	<b>0.00</b>  <b>1,443.07</b>
Account No. <b>xx8031</b>  <b>Caldwell County Tax Collector</b> <b>P.O. Box 2200</b> <b>Lenoir, NC 28645</b>		X -	<b>2011 Taxes</b>				<b>770.76</b>	<b>0.00</b>  <b>770.76</b>
Account No. <b>xx6227</b>  <b>Caldwell County Tax Collector</b> <b>P.O. Box 2200</b> <b>Lenoir, NC 28645</b>		-	<b>2011 Taxes</b>				<b>466.71</b>	<b>0.00</b>  <b>466.71</b>
Account No. <b>xx8564</b>  <b>Caldwell County Tax Collector</b> <b>P.O. Box 2200</b> <b>Lenoir, NC 28645</b>		X -	<b>2011 Taxes</b>				<b>568.58</b>	<b>0.00</b>  <b>568.58</b>
Subtotal (Total of this page)							<b>3,460.35</b>	<b>0.00</b>  <b>3,460.35</b>

Sheet **1** of **6** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/10) - Cont.

In re **Dewey Justin Wiggins**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. <b>xx3806</b>  <b>Caldwell County Tax Collector</b> <b>P.O. Box 2200</b> <b>Lenoir, NC 28645</b>	<b>X</b>	<b>-</b>	<b>2010 and 2011 Taxes</b>				<b>1,927.54</b>	0.00
<b>1,927.54</b>								
Account No. <b>xx-xx2653</b>  <b>Caldwell County Tax Collector</b> <b>P.O. Box 2200</b> <b>Lenoir, NC 28645</b>	<b>-</b>	<b>-</b>	<b>Vehicle Tax billed on 9/23/11</b>				<b>179.50</b>	0.00
<b>179.50</b>								
Account No. <b>xx8821</b>  <b>Caldwell County Tax Collector</b> <b>P.O. Box 2200</b> <b>Lenoir, NC 28645</b>	<b>X</b>	<b>-</b>	<b>2010 and 2011 Taxes</b>				<b>1,054.70</b>	0.00
<b>1,054.70</b>								
Account No. <b>xx3138</b>  <b>Caldwell County Tax Collector</b> <b>P.O. Box 2200</b> <b>Lenoir, NC 28645</b>	<b>X</b>	<b>-</b>	<b>2011 Taxes</b>				<b>546.37</b>	0.00
<b>546.37</b>								
Account No.  <b>Caldwell County Tax Collector</b> <b>Post Office Box 2200</b> <b>Lenoir, NC 28645</b>	<b>-</b>	<b>-</b>	<b>Acct.No.133896</b>			<b>X</b>	<b>38.51</b>	0.00
<b>38.51</b>								
Subtotal (Total of this page)							<b>3,746.62</b>	<b>0.00</b> <b>3,746.62</b>

Sheet **2** of **6** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/10) - Cont.

In re Dewey Justin Wiggins  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					AMOUNT ENTITLED TO PRIORITY
Account No. <b>x3683</b>	<b>X</b>	<b>-</b>	<b>2011 Property Tax</b>				<b>581.48</b>	
<b>City of Lenoir Tax Collections P.O. Box 958 Lenoir, NC 28645</b>								<b>0.00</b>
								<b>581.48</b>
Account No. <b>x3680</b>	<b>X</b>	<b>-</b>	<b>2011 Property Tax</b>				<b>543.20</b>	
<b>City of Lenoir Tax Collections P.O. Box 958 Lenoir, NC 28645</b>								<b>0.00</b>
								<b>543.20</b>
Account No. <b>x3681</b>	<b>X</b>	<b>-</b>	<b>2011 Property Tax</b>				<b>179.77</b>	
<b>City of Lenoir Tax Collections P.O. Box 958 Lenoir, NC 28645</b>								<b>0.00</b>
								<b>179.77</b>
Account No. <b>x3676</b>	<b>X</b>	<b>-</b>	<b>2011 Property Tax</b>				<b>225.83</b>	
<b>City of Lenoir Tax Collections P.O. Box 958 Lenoir, NC 28645</b>								<b>0.00</b>
								<b>225.83</b>
Account No. <b>x3678</b>	<b>X</b>	<b>-</b>	<b>2011 Property Tax</b>				<b>45.50</b>	
<b>City of Lenoir Tax Collections P.O. Box 958 Lenoir, NC 28645</b>								<b>0.00</b>
								<b>45.50</b>
Subtotal								<b>0.00</b>
Schedule of Creditors Holding Unsecured Priority Claims (Total of this page)							<b>1,575.78</b>	<b>1,575.78</b>

Sheet **3** of **6** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/10) - Cont.

In re Dewey Justin Wiggins  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					AMOUNT ENTITLED TO PRIORITY
Account No. <b>x3677</b>	<b>X</b>	<b>-</b>	<b>2011 Property Tax</b>				<b>261.89</b>	
<b>City of Lenoir Tax Collections P.O. Box 958 Lenoir, NC 28645</b>								<b>0.00</b>
								<b>261.89</b>
Account No. <b>x3671</b>	<b>-</b>	<b>-</b>	<b>2011 Property Tax</b>				<b>160.35</b>	
<b>City of Lenoir Tax Collections P.O. Box 958 Lenoir, NC 28645</b>								<b>0.00</b>
								<b>160.35</b>
Account No. <b>x3674</b>	<b>-</b>	<b>-</b>	<b>2011 Property Tax</b>				<b>366.76</b>	
<b>City of Lenoir Tax Collections P.O. Box 958 Lenoir, NC 28645</b>								<b>0.00</b>
								<b>366.76</b>
Account No. <b>x6564</b>	<b>-</b>	<b>-</b>	<b>2011 Property Tax</b>				<b>183.10</b>	
<b>City of Lenoir Tax Collections P.O. Box 958 Lenoir, NC 28645</b>								<b>0.00</b>
								<b>183.10</b>
Account No.	<b>-</b>	<b>-</b>	<b>Notice Only</b>				<b>0.00</b>	
<b>Internal Revenue Service Special Procedures 320 Federal Place Greensboro, NC 27401</b>								<b>0.00</b>
								<b>0.00</b>
Subtotal								<b>0.00</b>
(Total of this page)							<b>972.10</b>	<b>972.10</b>

Sheet 4 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Sheet **4** of **6** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/10) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
Internal Revenue Service P.O. Box 105572 Atlanta, GA 39901-0002			Representing: Internal Revenue Service				Notice Only	
Account No.								
Internal Revenue Service Cincinnati, OH 45999-0030			Representing: Internal Revenue Service				Notice Only	
Account No.								
Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114			Representing: Internal Revenue Service				Notice Only	
Account No.								
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346			Representing: Internal Revenue Service				Notice Only	
Account No.								
Internal Revenue Service P.O. Box 2502 Memphis, TN 38101			Representing: Internal Revenue Service				Notice Only	

Sheet **5** of **6** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal		<b>0.00</b>
(Total of this page)	<b>0.00</b>	<b>0.00</b>

B6E (Official Form 6E) (4/10) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>Notice Only</b>					
<b>NC Dept. of Revenue P.O. Box 25000 Raleigh, NC 27640-0002</b>		-						<b>0.00</b>
								<b>0.00</b>
Account No.			<b>Representing: NC Dept. of Revenue</b>				<b>Notice Only</b>	
<b>NC Dept. of Revenue Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602-1168</b>								
Account No.								
Account No.								
Account No.								
Subtotal								<b>0.00</b>
(Total of this page)							<b>0.00</b>	<b>0.00</b>
Total								<b>0.00</b>
(Report on Summary of Schedules)							<b>9,754.85</b>	<b>9,754.85</b>

Sheet **6** of **6** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims



B6F (Official Form 6F) (12/07)

In re **Dewey Justin Wiggins** Case No. \_\_\_\_\_  
Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>Alison M. Wiggins</b> <b>911 Delano Ct</b> <b>Kissimmee, FL 34758</b>		-	<b>Personal Loan</b>				<b>15,000.00</b>
Account No.  <b>AT&amp;T</b> <b>c/o Franklin Collect. Serv.</b> <b>P.O. Box 3910</b> <b>Tupelo, MS 38803-3910</b>		-					<b>465.29</b>
Account No. <b>xxxx-xxxx-xxxx-1006</b>  <b>Bank of America</b> <b>P.O. Box 15019</b> <b>Wilmington, DE 19886-5019</b>		-	<b>Credit Card Purchases</b>				<b>12,699.00</b>
Account No. <b>xxxx xxxx xxxx 1006</b>  <b>Bank of America</b> <b>P.O. Box 982235</b> <b>El Paso, TX 79998-2235</b>			<b>Representing:</b> <b>Bank of America</b>				<b>Notice Only</b>
Subtotal (Total of this page)							<b>28,164.29</b>

12 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxxxx7364....  Bank of America P.O. Box 1598 Norfolk, VA 23501			Representing: Bank of America			Notice Only
Account No. xxxxxxxx7360....  Bank of America DE5-019-03-07 4060 Ogletown/Stanton Rd Newark, DE 19714		-	Notice Only			0.00
Account No. 0XXX  Bank of America P.O. Box 1598 Norfolk, VA 23501			Representing: Bank of America			Notice Only
Account No. xxx5901  Bank of Granite c/o Rufus F. Walker, Jr., Esq. 110 Third Street, N.E. Hickory, NC 28601	X	-	Post-foreclosure deficiency on note			53,112.34
Account No. xxx5901  Bank of Granite P.O. Box 799 Lenoir, NC 28645-0799			Representing: Bank of Granite			Notice Only
Sheet no. <u>1</u> of <u>12</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>53,112.34</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. <b>xxx5297</b>	<b>X</b> -		<b>Post-foreclosure deficiency on note</b>				<b>31,015.04</b>	
<b>Bank of Granite</b> <b>c/o Rufus F. Walker, Jr., Esq.</b> <b>110 Third Street, N.E.</b> <b>Hickory, NC 28601</b>								
Account No. <b>xxx5297</b>			<b>Representing:</b> <b>Bank of Granite</b>				<b>Notice Only</b>	
<b>Bank of Granite</b> <b>P.O. Box 799</b> <b>Lenoir, NC 28645-0799</b>								
Account No. <b>xxx8343</b>	<b>X</b> -		<b>Post-foreclosure deficiency on note</b>				<b>3,006.24</b>	
<b>Bank of Granite</b> <b>c/o Rufus F. Walker, Jr., Esq.</b> <b>110 Third Street, N.E.</b> <b>Hickory, NC 28601</b>								
Account No. <b>xxx8343</b>			<b>Representing:</b> <b>Bank of Granite</b>				<b>Notice Only</b>	
<b>Bank of Granite</b> <b>P.O. Box 799</b> <b>Lenoir, NC 28645-0799</b>								
Account No. <b>xxxx-xxxx-xxxx-1605</b>	<b>-</b>		<b>Credit Card Purchases</b>				<b>11,669.00</b>	
<b>BB&amp;T Financial, FSB</b> <b>P.O. Box 580435</b> <b>Charlotte, NC 28258-0435</b>								
Sheet no. <u>2</u> of <u>12</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal</b> (Total of this page)	<b>45,690.28</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>xxxx xxxx xxxx 1605</b>						
<b>Bankcard Service Center P.O. Box 698 Wilson, NC 27894-0698</b>		<b>Representing: BB&amp;T Financial, FSB</b>				<b>Notice Only</b>
Account No. <b>xxxx7190....</b>						
<b>BB&amp;T P.O. Box 2306 Wilson, NC 27894</b>		<b>Representing: BB&amp;T Financial, FSB</b>				<b>Notice Only</b>
Account No. <b>xxxx xxxx xxxx 1605</b>						
<b>BB&amp;T Financial, FSB P.O. Box 200 Wilson, NC 27894-0200</b>		<b>Representing: BB&amp;T Financial, FSB</b>				<b>Notice Only</b>
Account No. <b>xxxx xxxx xxxx 1605</b>						
<b>BB&amp;T Financial, FSB Customer Service P.O. Box 30495 Tampa, FL 33630-3495</b>		<b>Representing: BB&amp;T Financial, FSB</b>				<b>Notice Only</b>
Account No. <b>1605</b>						
<b>BB&amp;T Financial, FSB P.O. Box 2322 Lumberton, NC 28359</b>		<b>Representing: BB&amp;T Financial, FSB</b>				<b>Notice Only</b>
Sheet no. <u>3</u> of <u>12</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>0.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. <b>xxxx6367</b>		-	<b>Medical Bills</b>				<b>3,011.40</b>	
<b>Caldwell Memorial Hospital P.O. Box 1890 Lenoir, NC 28645-1890</b>								
Account No. <b>xxxx6367</b>			<b>Representing: Caldwell Memorial Hospital</b>				<b>Notice Only</b>	
<b>Business Services Caldwell Memorial Hospital 321 Mulberry St SW Lenoir, NC 28645</b>								
Account No. <b>xxxx6367</b>			<b>Representing: Caldwell Memorial Hospital</b>				<b>Notice Only</b>	
<b>Caldwell Memorial Hospital P.O. Box 63191 Charlotte, NC 28263-3191</b>								
Account No. <b>xxxxxxxxxxxx4198</b>		-	<b>Medical Bills</b>				<b>86.80</b>	
<b>Caldwell Physician Network P.O. Box 710 Lenoir, NC 28645</b>								
Account No. <b>x6354</b>		-	<b>Medical Bills</b>				<b>207.00</b>	
<b>Catawba Radiological Associates, Inc. P.O. Box 308 Hickory, NC 28603</b>								
Sheet no. <u>4</u> of <u>12</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>3,305.20</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx5646....</b>		<b>Notice Only</b>				<b>0.00</b>
<b>Central Finl Control P.O. Box 66051 Anaheim, CA 92816</b>	-					
Account No.		<b>Notice Only</b>				<b>0.00</b>
<b>Cynthia Woodell 2120 Haven Cir Lenoir, NC 28645</b>	-					
Account No.		<b>Notice Only</b>				<b>0.00</b>
<b>Dee Angelo Morgan 204 Newland St Lenoir, NC 28645</b>	-					
Account No. <b>xx6829</b>		<b>Credit Card Purchases</b>				<b>3,551.42</b>
<b>Freedom Credit Union P.O. Box 30177 Tampa, FL 33630-3177</b>	-					
Account No. <b>xx6829</b>		<b>Representing: Freedom Credit Union</b>				<b>Notice Only</b>
<b>Freedom Credit Union CenterPointe Office Center 626 Jacksonville Road Suite 250 Warminster, PA 18974-4862</b>						
Sheet no. <b>5</b> of <b>12</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>3,551.42</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>Freedom CU</b> <b>626 Jacksonville Rd Ste</b> <b>Warminster, PA 18974</b>		<b>Representing:</b> <b>Freedom Credit Union</b>				<b>Notice Only</b>
Account No. <b>xx2608</b>		<b>Medical Bills</b>				
<b>Hickory Surgical Clinic, Inc.</b> <b>415 N. Center St, Ste 102</b> <b>Hickory, NC 28601</b>	-					<b>41.16</b>
Account No.		<b>Notice Only</b>				
<b>Jeff Pearson</b> <b>2630 Kite Dr</b> <b>Lenoir, NC 28645</b>	-					<b>0.00</b>
Account No.		<b>Notice Only</b>				
<b>Jordan Norwood</b> <b>1616 Hayes Pl.</b> <b>Lenoir, NC 28645</b>	-					<b>0.00</b>
Account No. <b>xxxx6311</b>		<b>Medical Bills</b>				
<b>Laboratory Corporation of America</b> <b>Holdings</b> <b>P.O. Box 2240</b> <b>Burlington, NC 27216-2240</b>	-					<b>206.02</b>
Sheet no. <b>6</b> of <b>12</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>247.18</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx6311</b>						<b>Notice Only</b>
<b>Labcorp Burlington</b> <b>1447 York Court</b> <b>Burlington, NC 27215</b>		<b>Representing:</b> <b>Laboratory Corporation of America</b>				
Account No.		<b>Notice Only</b>				<b>0.00</b>
<b>Marcus Banner</b> <b>206 Newland St</b> <b>Lenoir, NC 28645</b>	-					
Account No. <b>9891....</b>		<b>Notice Only</b>				<b>0.00</b>
<b>NTL CRDT SYS</b> <b>117 E 24th St</b> <b>5th Floor</b> <b>New York, NY 10010</b>	-					
Account No.		<b>Notice Only</b>				<b>0.00</b>
<b>Pattie and Johnny Johnson</b> <b>201 Newland St</b> <b>Lenoir, NC 28645</b>	-					
Account No. <b>548....</b>		<b>Medical Bills - Provider unknown</b>				<b>173.00</b>
<b>PMAB, LLC</b> <b>P.O. Box 12150</b> <b>Charlotte, NC 28220</b>	-					
Sheet no. <u>7</u> of <u>12</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>173.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 548....  <b>PMAB LLC</b> <b>5970 Fairview Rd., Ste. 800</b> <b>Charlotte, NC 28210</b>			<b>Representing:</b> <b>PMAB, LLC</b>			<b>Notice Only</b>
Account No. 548....  <b>PMAB, LLC</b> <b>P.O. Box 12150</b> <b>Charlotte, NC 28220</b>		-	<b>Medical Bills - Provider unknown</b>			<b>53.00</b>
Account No. 548....  <b>PMAB LLC</b> <b>5970 Fairview Rd., Ste. 800</b> <b>Charlotte, NC 28210</b>			<b>Representing:</b> <b>PMAB, LLC</b>			<b>Notice Only</b>
Account No. xxxxxx5306  <b>PNC Bank</b> <b>P.O. Box 5570</b> <b>Brecksville, OH 44101</b>		-	<b>Note/Line of Credit (business debt of Dewey Wiggins DBA DW Rentals)</b>			<b>49,561.43</b>
Account No. xxxxxxxxxxxxxxxx06BC  <b>RBC Bank</b> <b>P.O. Box 1220</b> <b>Rocky Mount, NC 27802</b>			<b>Representing:</b> <b>PNC Bank</b>			<b>Notice Only</b>
Sheet no. <u>8</u> of <u>12</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>49,614.43</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>RBC Bank P.O. Box 2155 Rocky Mount, NC 27802</b>		<b>Representing: PNC Bank</b>				<b>Notice Only</b>
Account No. <b>xxxxxx5306</b>						
<b>RBC Bank (USA) 301 Fayetteville Street Raleigh, NC 27601</b>		<b>Representing: PNC Bank</b>				<b>Notice Only</b>
Account No. <b>xxxxxx5306</b>						
<b>RBC Bank (USA) P.O. Box 1070 Charlotte, NC 28201-1070</b>		<b>Representing: PNC Bank</b>				<b>Notice Only</b>
Account No. <b>xxxxxx5002....</b>		<b>Notice Only</b>				
<b>RBC Bank P.O. Box 911 Rocky Mount, NC 27802</b>	-					<b>0.00</b>
Account No. <b>xxxxxx5001....</b>		<b>Notice Only</b>				
<b>RBC Bank P.O. Box 911 Rocky Mount, NC 27802</b>	-					<b>0.00</b>
Sheet no. <u>9</u> of <u>12</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>0.00</b>
Subtotal (Total of this page)						<b>0.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>239....</b>		<b>Notice Only</b>				
<b>SCA Collections Inc</b> <b>P.O. Box 876</b> <b>Greenville, NC 27835</b>	-					<b>0.00</b>
Account No. <b>xxxxxxxx0003....</b>		<b>Notice Only</b>				
<b>Sears Eaton Fed Cr Un</b> <b>10745 Haldeman Ave</b> <b>Philadelphia, PA 19116</b>	-					<b>0.00</b>
Account No. <b>36....</b>		<b>Notice Only</b>				
<b>Sears Eaton Fed Cr Un</b> <b>10745 Haldeman Ave</b> <b>Philadelphia, PA 19116</b>	-					<b>0.00</b>
Account No. <b>xxxxx0228....</b>		<b>Notice Only</b>				
<b>Select Portfolio Svcin</b> <b>P.O. Box 65250</b> <b>Salt Lake City, UT 84165</b>	-					<b>0.00</b>
Account No.		<b>Personal Loan</b>				
<b>Stephen D. Icenhour</b> <b>P.O. Box 1312</b> <b>Lenoir, NC 28645</b>	-					<b>12,000.00</b>
Sheet no. <b>10</b> of <b>12</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>12,000.00</b>
Subtotal (Total of this page)						<b>12,000.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxx3697....</b>		<b>Notice Only</b>				
<b>Suntrust Mortgage/CC 5</b> <b>1001 Semmes Ave</b> <b>Richmond, VA 23224</b>	-					<b>0.00</b>
Account No. <b>xx8662</b>		<b>Medical Bills</b>				
<b>Unifour Anesthesia Associates, P.A.</b> <b>415 North Center Street - Suite 201</b> <b>Hickory, NC 28601</b>	-					<b>2,150.00</b>
Account No. <b>xxxx4062</b>		<b>Representing:</b> <b>Unifour Anesthesia Associates, P.A.</b>				<b>Notice Only</b>
<b>Paragon Revenue Group</b> <b>P.O. Box 127</b> <b>Concord, NC 28026-0127</b>						
Account No. <b>xxxx4062</b>		<b>Representing:</b> <b>Unifour Anesthesia Associates, P.A.</b>				<b>Notice Only</b>
<b>Paragon Revenue Group</b> <b>216 Le Phillip Ct</b> <b>Concord, NC 28025-2954</b>						
Account No.		<b>Notice Only</b>				
<b>Vicenta Pizano</b> <b>512 Scroggs St.</b> <b>Lenoir, NC 28645</b>	-					<b>0.00</b>
Sheet no. <b>11</b> of <b>12</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>2,150.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Dewey Justin Wiggins Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.		Notice Only				
Vicenta Pizano 0 Scroggs St Lenoir, NC 28645	-					0.00
Account No. xxx0053....		Notice Only				
Wells Fargo Bank, NA P.O. Box 3117 Winston Salem, NC 27102	-					0.00
Account No.						
Account No.						
Account No.						
Sheet no. <u>12</u> of <u>12</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						0.00
						Total (Report on Summary of Schedules)
						198,008.14

???  
1114 Harper Ave  
Lenoir, NC 28645

???  
1118 Harper Ave  
Lenoir, NC 28645

???  
214 Hillside St  
Lenoir, NC 28645

Alison M. Wiggins  
911 Delano Ct  
Kissimmee, FL 34758

Angela M. Wiggins  
1000 Bramblewood Ct  
Lenoir, NC 28645

Angela M. Wiggins???  
1000 Bramblewood Ct  
Lenoir, NC 28645

Angela Wiggins  
1000 Bramblewood Ct  
Lenoir, NC 28645

AT&T  
c/o Franklin Collect. Serv.  
P.O. Box 3910  
Tupelo, MS 38803-3910

Bank of America  
P.O. Box 15019  
Wilmington, DE 19886-5019

Bank of America  
DE5-019-03-07  
4060 Ogletown/Stanton Rd  
Newark, DE 19714

Bank of America  
P.O. Box 982235  
El Paso, TX 79998-2235

Bank of America  
P.O. Box 1598  
Norfolk, VA 23501

Bank of Granite  
P.O. Box 799  
Lenoir, NC 28645

Bank of Granite  
c/o Rufus F. Walker, Jr., Esq.  
110 Third Street, N.E.  
Hickory, NC 28601

Bank of Granite  
P.O. Box 799  
Lenoir, NC 28645-0799

Bankcard Service Center  
P.O. Box 698  
Wilson, NC 27894-0698

BB&T  
P.O. Box 1058  
Lenoir, NC 28645

BB&T  
201 Mulberry St SW  
Lenoir, NC 28645

BB&T  
BB&T Loan Services  
MC: 100-50-02-57  
P.O. Box 2306  
Wilson, NC 27894

BB&T  
P.O. Box 2306  
Wilson, NC 27894

BB&T  
P.O. Box 1847  
Wilson, NC 27894

BB&T Financial, FSB  
P.O. Box 580435  
Charlotte, NC 28258-0435

BB&T Financial, FSB  
P.O. Box 200  
Wilson, NC 27894-0200

BB&T Financial, FSB  
Customer Service  
P.O. Box 30495  
Tampa, FL 33630-3495

BB&T Financial, FSB  
P.O. Box 2322  
Lumberton, NC 28359

BB&T Item Processing Center  
P.O. Box 580048  
Charlotte, NC 28258-0048

Branch Banking & Trust Company  
P.O. Box 2489  
Lenoir, NC 28645

Branch Banking and Trust Company  
201 Mulberry St SW  
Lenoir, NC 28645-5413

Business Services  
Caldwell Memorial Hospital  
321 Mulberry St SW  
Lenoir, NC 28645

Caldwell County Tax Collector  
P.O. Box 2200  
Lenoir, NC 28645

Caldwell County Tax Collector  
Post Office Box 2200  
Lenoir, NC 28645

Caldwell Memorial Hospital  
P.O. Box 1890  
Lenoir, NC 28645-1890



Caldwell Memorial Hospital  
P.O. Box 63191  
Charlotte, NC 28263-3191

Caldwell Physician Network  
P.O. Box 710  
Lenoir, NC 28645

Catawba Radiological Associates, Inc.  
P.O. Box 308  
Hickory, NC 28603

Central Finl Control  
P.O. Box 66051  
Anaheim, CA 92816

Chase  
P.O. Box 78420  
Phoenix, AZ 85062

Chase  
10790 Rancho Bernardo Rd  
San Diego, CA 92127

City of Lenoir  
Tax Collections  
P.O. Box 958  
Lenoir, NC 28645

Cynthia Woodell  
2120 Haven Cir  
Lenoir, NC 28645

Dee Angelo Morgan  
204 Newland St  
Lenoir, NC 28645

Freedom Credit Union  
P.O. Box 30177  
Tampa, FL 33630-3177

Freedom Credit Union  
CenterPointe Office Center  
626 Jacksonville Road Suite 250  
Warminster, PA 18974-4862

Freedom CU  
626 Jacksonville Rd Ste  
Warminster, PA 18974

Hickory Surgical Clinic, Inc.  
415 N. Center St, Ste 102  
Hickory, NC 28601

Internal Revenue Service  
Special Procedures  
320 Federal Place  
Greensboro, NC 27401

Internal Revenue Service  
P.O. Box 105572  
Atlanta, GA 39901-0002

Internal Revenue Service  
Cincinnati, OH 45999-0030

Internal Revenue Service  
P.O. Box 21126  
Philadelphia, PA 19114

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Internal Revenue Service  
P.O. Box 2502  
Memphis, TN 38101

Jeff Pearson  
2630 Kite Dr  
Lenoir, NC 28645

Jordan Norwood  
1616 Hayes Pl.  
Lenoir, NC 28645

Kellie Booker  
204 Newland Pl  
Lenoir, NC 28645

Labcorp Burlington  
1447 York Court  
Burlington, NC 27215

Laboratory Corporation of America  
Holdings  
P.O. Box 2240  
Burlington, NC 27216-2240

Marcus Banner  
206 Newland St  
Lenoir, NC 28645

Marcus Banner  
206 Newland Pl  
Lenoir, NC 28645

NC Dept. of Revenue  
P.O. Box 25000  
Raleigh, NC 27640-0002

NC Dept. of Revenue  
Bankruptcy Unit  
P.O. Box 1168  
Raleigh, NC 27602-1168

NTL CRDT SYS  
117 E 24th St  
5th Floor  
New York, NY 10010

Paragon Revenue Group  
P.O. Box 127  
Concord, NC 28026-0127

Paragon Revenue Group  
216 Le Phillip Ct  
Concord, NC 28025-2954

Parkway Bank  
P.O. Box 1058  
Lenoir, NC 28645

Pattie and Johnny Johnson  
201 Newland St  
Lenoir, NC 28645

Pattie and Johnny Johnson  
201 Newland Pl  
Lenoir, NC 28645

PMAB LLC  
5970 Fairview Rd., Ste. 800  
Charlotte, NC 28210

PMAB, LLC  
P.O. Box 12150  
Charlotte, NC 28220

PNC Bank  
2730 Liberty Ave  
Pittsburgh, PA 15222

PNC Bank  
P.O. Box 5570  
Brecksville, OH 44101

RBC Bank  
P.O. Box 911  
Rocky Mount, NC 27802

RBC Bank  
134 N Church St  
Rocky Mount, NC 27804

RBC Bank  
P.O. Box 1220  
Rocky Mount, NC 27802

RBC Bank  
P.O. Box 2155  
Rocky Mount, NC 27802

RBC Bank (USA)  
301 Fayetteville Street  
Raleigh, NC 27601

RBC Bank (USA)  
P.O. Box 1070  
Charlotte, NC 28201-1070

SCA Collections Inc  
P.O. Box 876  
Greenville, NC 27835

Sears Eaton Fed Cr Un  
10745 Haldeman Ave  
Philadelphia, PA 19116

Select Portfolio Svcin  
P.O. Box 65250  
Salt Lake City, UT 84165

Seterus  
1435 SW Millilcan Way  
Suite 200  
Beaverton, OR 97005

Seterus  
P.O. Box 7162  
Pasadena, CA 91109

Seterus  
P.O. Box 2008  
Grand Rapids, MI 49501

Stephen D. Icenhour  
P.O. Box 1312  
Lenoir, NC 28645

SunTrust Mortgage, Inc.  
their succ/assigns ATIMA  
901 Semmes Avenue  
Richmond, VA 23224

Suntrust Mortgage/CC 5  
1001 Semmes Ave  
Richmond, VA 23224

Suzanne P. Hudson  
2425 North Center Street, #318  
Hickory, NC 28601

Unifour Anesthesia Associates, P.A.  
415 North Center Street - Suite 201  
Hickory, NC 28601

Vicenta Pizano  
512 Scroggs St.  
Lenoir, NC 28645

Vicenta Pizano  
0 Scroggs St  
Lenoir, NC 28645

Wells Fargo  
P.O. Box 14547  
Des Moines, IA 50306

Wells Fargo Bank NV NA  
P.O. Box 31557  
Billings, MT 59107

Wells Fargo Bank, N.A.  
P.O. Box 4233  
Portland, OR 97208-4233

Wells Fargo Bank, N.A.  
P.O. Box 660930  
Dallas, TX 75266-0930

Wells Fargo Bank, N.A.  
Attn: Payment Services  
2324 Overland Dr.  
Billings, MT 59102-6401

Wells Fargo Bank, N.A.  
P.O. Box 3356  
Portland, OR 97208-3356

Wells Fargo Bank, NA  
P.O. Box 3117  
Winston Salem, NC 27102

Wells Fargo HM Mortgage  
8480 Stagecoach Cir  
Frederick, MD 21701